

**DEPARTMENT OF MEDICAL  
ASSISTANCE SERVICES**

**MANAGED CARE RESOURCE GUIDE**

**24. Sample ID Cards**

# Virginia Medicaid Permanent Plastic ID Card SAMPLE



**COMMONWEALTH OF VIRGINIA**  
Department of Medical Assistance Services

002286

001299922011

GEORGE J WASHINGTON

**DOB:** 01/01/1900    **M**    **CARD#** 00001



## **CARDHOLDERS SIGNATURE**

This card is for identification purposes and does not entitle the cardholder to any benefits under any program administered by the Commonwealth of Virginia.



**PROVIDER:** Confirm current status and other potential payers, electronically or by calling Medicaid at 1-800-772-9996. **FRAUDULENT USE OF THIS CARD MAY RESULT IN CRIMINAL PROSECUTION AND LOSS OF BENEFITS.**

**DMA**  
**P.O. BOX 537**  
**RICHMOND, VIRGINIA 23204-0537**

# Medallion II MCO ID Cards

## AMERIGROUP

### FRONT

 <a href="http://www.myamerigroup.com">www.myamerigroup.com</a>	Effective Date: Date of Birth: Subscriber #: RXGRP #: <b>F822VAMD</b>
<b>AMERIGROUP VIRGINIA, INC.</b> MEDICAID/FAMIS PLUS	
Member Name:	
Medicaid Number:	
Primary Care Provider (PCP):	Pharmacy Benefits Manager
PCP Telephone #:	 RXBIN 610415
Vision: <b>1-800-428-8789</b>	
Dental: <b>Smiles For Children - 1-888-912-3456</b>	
Pharmacy: <b>1-800-600-4441</b>	
TDD/TTY #: <b>1-800-855-2880</b>	
Member Services/Nurse HelpLine and Behavioral Health: <b>1-800-600-4441</b>	

### BACK

**MEMBERS:** Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your PCP for non-emergency care. If you have questions or suspect fraud or abuse, call Member Services at 1-800-600-4441. If you are deaf or hard of hearing, please call 1-800-855-2880.

**TO HOSPITALS:** Preadmission certification is required for all non-emergency admissions including outpatient surgery. For emergency admissions, notify AMERIGROUP within 24 hours after treatment at 1-800-454-3730.

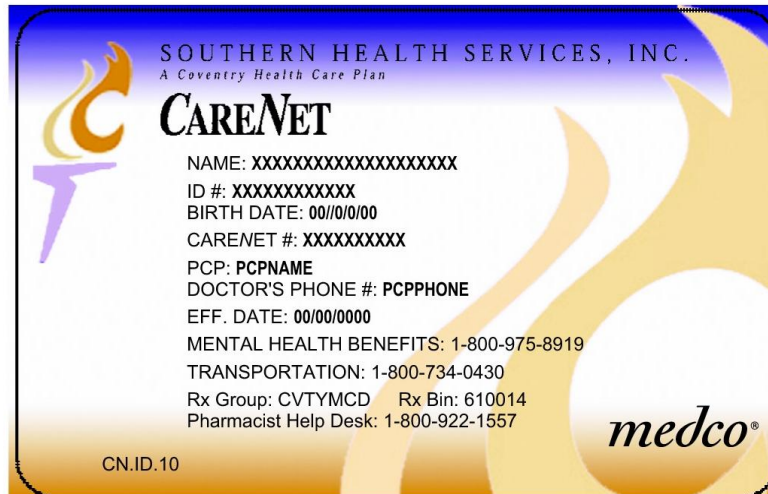
**TO PROVIDERS:** Certain services must be preauthorized. If preauthorization has not been obtained, please contact the PCP listed on this card before administering treatment. Care that is not preauthorized may not be covered. For preauthorizations/billing or pharmacy information, call 1-800-454-3730.

**SUBMIT CLAIMS TO:**  
AMERIGROUP • P.O. BOX 61010 • VIRGINIA BEACH, VA 23466-1010  
**USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.**  
**EL USO DE ESTA TARJETA POR CUALQUIER PERSONA QUE NO SEA**  
**EL MIEMBRO CONSTITUYE FRAUDE.**

VA01 07/09

# CareNet ID CARD

## FRONT



## BACK

### NOTICE TO MEMBERS

1. Show this card each time you seek medical care.
2. IN CASE OF EMERGENCY: Call your Primary Care Physician, who will tell you what to do. If the emergency is so urgent that it could cause loss of life or limb or senses, seek care immediately at the nearest emergency room. Notify the Plan within 24 hours or as soon as medically possible.

#### IMPORTANT PHONE NUMBERS:

Customer Service (questions or problems): 1-800-279-1878  
Smiles for Children's Program: 1-888-912-3456  
24 Hour-Nurse Access Line: 1-877-878-8940


### NOTICE TO PROVIDERS:

Radiology Preauthorization: 1-866-642-9704  
Preauthorization for all other services: 1-800-235-2206  
Call Customer Service with eligibility questions: 1-800-449-1944  
Submit claims, resubmissions and proof of timely filing to:  
CareNet, P.O. Box 7702, London, KY 40742  
Payor ID: 25142

Submit appeals to CareNet: 9881 Mayland Drive, Richmond, VA 23233

# OPTIMA FAMILY CARE ID CARD

## FRONT



Member Name: John Sample  
Member Number: 9999999\*99  
Group Number: Optima Family Care  
Member Eff. Date: 07-01-09  
PCP Name: DR Doctor  
PCP Phone #: 999-9999

Medicaid #: 99999990 000

OV/ED  
\$0/ \$0

**FAMILY CARE**

DOB: 00/00/0000

RX  
\$0

[www.optimahealth.com](http://www.optimahealth.com)

## BACK

This card is used to obtain covered benefits. Present this card each time you seek health care services. Preauthorization may be required for: hospitalization, outpatient surgery and therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.

IN CASE OF EMERGENCY: Call your Primary Care Physician, who will tell you what to do. If the emergency is so urgent that it could cause loss of life or limb or senses, seek care immediately at the nearest emergency room.

**HELPFUL NUMBERS:**

PROVIDER RELATIONS:	757-552-7474 OR 1-800-229-8822
MEMBER SERVICES:	757-552-8975 OR 1-800-881-2166
PRE AUTHORIZATION:	757-552-7540 OR 1-800-229-5522
AFTER HOURS NURSE ADVICE LINE:	757-552-7250 OR 1-800-394-2237
OUT-OF-AREA PROVIDER NETWORK:	1-888-972-7427
BEHAVIORAL HEALTH PRE-AUTHS:	757-552-7174 OR 1-800-648-8420
SMILES FOR CHILDREN:	1-888-912-3456
TRANSPORTATION:	1-877-892-3986

**MAIL BILLS AND/OR CLAIMS FOR SERVICES TO:**

MEDICAL CLAIMS	BEHAVIORAL HEALTH CLAIMS
P.O.Box 5028	P.O.Box 1440
Troy, MI 48007-5028	Troy, MI 48099-1440

PHARMACY INFO: BIN #600428 PROCESSOR CONTROL # 01730000 OR CALL 1-800-KC-ARGUS

XXXXXXXXXX Offered by text XXXXXXXXXXXXX

# VA PREMIER ID CARD

## FRONT



## BACK

### Members:

1. If medical assistance is needed when your doctor's office is closed, please call:  
**VPHP Nurseline 1-800-256-1982**
2. Do not let anyone else use this card. Call VA Premier to report a lost or stolen card. **If you lose your eligibility for health benefits, this card is no longer valid.**
3. If you have questions, call the Member Services Department, Monday - Friday, 8:00a.m. - 5:00p.m. **Richmond:(804-819-5151)** or (1-800-289-4970)  
**Tidewater (757-461-0064)** or (1-800-828-7953) **Roanoke (540-344-8838)** or (1-888-338-4579).
4. **If you have questions about your prescriptions or pharmacies, please call Express Scripts at 1-866-312-9065.**

Call at least 72 hours in advance for medical transportation Mon.- Fri., 8:00a.m. - 5:00p.m.


Providers: For Authorizations, please contact our UM Department  
1-888-251-3063. Pharmacists may call 1-800-824-0898.

### HMO Claims Address:

Virginia Premier Health Plan Inc. P.O. Box 5207 • Richmond, VA 23220-0208

# ANTHEM HEALTHKEEPERS *PLUS* ID CARD

## FRONT



**Anthem HealthKeepers Plus**  
Offered by HealthKeepers, Inc.

<b>David Smith</b> Identification Number <b>YTD123456780</b>	PCP Name PCP Phone Medicaid ID	<b>Jane Smith</b> <b>999-999-9999</b> <b>987654321</b>
Group Number BC/BS Plan Rx Bin Number	<b>HKP00200</b> <b>423/923</b> <b>610575</b>	
Rx		

## BACK



**Anthem HealthKeepers Plus**  
Offered by HealthKeepers, Inc.

**Members:** When submitting inquiries always include your identification number from the face of this card. Possession or use of this card does not guarantee payment. In an emergency, go to the nearest facility or call 911.

**Providers:** Please submit claims to your local BCBS plan. To ensure prompt claims processing please include the 3-digit alpha prefix that precedes the patient's identification number listed on the front of this card.

Claims Filing Address:  
Post Office Box 27401  
Richmond, Virginia 23279

**anthem.com**  
Member Services: **1-800-901-0020**  
Provider Services: **1-800-901-0020**  
TDD (Hearing Impaired): **1-800-247-9843**  
24/7 Nurse Line: **1-800-382-9625**  
Mental Health Services: **1-800-991-6045**  
Rx Services: **1-800-662-0210**  
Authorization: **1-800-533-1120**  
Transportation: **1-877-892-3988**  
Doral Dental\* **1-888-912-3456**  
\* Not a Blue Cross Blue Shield Product


**HealthKeepers, Inc**  
277 Bendix Road, Suite 100  
Virginia Beach, VA 23452-1361  
HealthKeepers, Inc. is an independent licensee of the Blue Cross and Blue Shield Association. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.



# FAMIS MCO Identification Cards

## OPTIMA ID CARD \$2 Co-pay

### FRONT

**OptimaHealth** 


Member Name: XXXXXXXXXXXXXXXXXXXX24  
Member Number: XXXXXXXX10  
Group Number: **FAMIS**  
Member Eff. Date: XX-XX-XX  
PCP Name: xxxxxxxxxxxxxxxxxxxxxx22  
PCP Phone #:xxx-xxxx

**FAMILY CARE  
FAMIS**

FAMIS #: xxxxxxxxxxxx12    DOB: xx-xx-xxxx

OV/ED  
\$2/\$2

Rx  
\$2

[www.optimahealth.com](http://www.optimahealth.com)  


### BACK

This card is used to obtain covered benefits. Present this card each time you seek health care services. Preauthorization may be required for: hospitalization, outpatient surgery and therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.  
**IN CASE OF EMERGENCY:** Call your Primary Care Physician, who will tell you what to do. If the emergency is so urgent that it could cause loss of life or limb or senses, seek care immediately at the nearest emergency room.

**HELPFUL NUMBERS**

<b>PROVIDER RELATIONS:</b>	757-552-7474 OR 1-800-229-8822
<b>MEMBER SERVICES:</b>	757-552-8975 OR 1-800-881-2166
<b>PRE AUTHORIZATION:</b>	757-552-7540 OR 1-800-229-5522
<b>AFTER HOURS NURSE ADVICE LINE:</b>	757-552-7250 OR 1-800-394-2237
<b>BEHAVIORAL HEALTH PRE-AUTHS:</b>	757-552-7174 OR 1-800-648-8420
<b>SMILES FOR CHILDREN:</b>	1-888-912-3456

**MAIL BILLS AND/OR CLAIMS FOR SERVICES TO:**

<b>MEDICAL CLAIMS</b>	<b>BEHAVIORAL HEALTH CLAIMS</b>
P.O. Box 5028	P.O. Box 1440
Troy, MI 48007-5028	Troy, MI 48099-1440


**PHARMACY INFO:** BIN #600428 PROCESSOR CONTROL#01730000 OR CALL 1-800-KC-ARGUS  
XXXXXXXXXX Offered by text XXXXXXXXXXXX



OPTIMA ID CARD

\$5 Co-pay

FRONT

OptimaHealth

Member Name: XXXXXXXXXXXXXXXXXXXXXXX24

Member Number: XXXXXXXX10

Group Number: **FAMIS**

Member Eff. Date: XX-XX-XX

PCP Name: xxxxxxxxxxxxxxxxxxxxxxx22

PCP Phone #:xxx-xxxx

**FAMILY CARE**

**FAMIS**

FAMIS #: xxxxxxxxxxxx12    DOB: xx-xx-xxxx


OV/ED

\$5/\$5

Rx

\$5

www.optimahealth.com



BACK

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PROVIDER RELATIONS:

MEMBER SERVICES:

PRE AUTHORIZATION:

AFTER HOURS NURSE ADVICE LINE:

BEHAVIORAL HEALTH PRE-AUTHS:

SMILES FOR CHILDREN:

757-552-7474 OR 1-800-229-8822

757-552-8975 OR 1-800-881-2166

757-552-7540 OR 1-800-229-5522

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757-552-7174 OR 1-800-648-8420

1-888-912-3456

MAIL BILLS AND/OR CLAIMS FOR SERVICES TO:

MEDICAL CLAIMS

P.O. Box 5028

Troy, MI 48007-5028

BEHAVIORAL HEALTH CLAIMS

P.O. Box 1440

Troy, MI 48099-1440

PHARMACY INFO: BIN #600428    PROCESSOR CONTROL#01730000 OR CALL 1-800-KC-ARGUS

XXXXXXXXXX Offered by text XXXXXXXXXXXX

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# VAPREMIER ID CARD

## \$2 Co-pay

### FRONT



The front of the VAPremier ID card is orange with a white border. It features the VAPremier logo (a red diamond with a white 'V' and 'A') and the text 'Health Plan, Inc.' and 'Virginia Premier Health Plan, Inc.' in the top left. In the top right, there is a white box for 'PCP Name', 'PCP Address', and 'PCP Ph#'. In the center, there is a white box for 'Member Name', 'Date of Birth', 'Sex', 'Member ID#', and 'Effective Date'. To the right of this box is the 'FAMIS' logo (two stylized figures holding hands under a sun). Below the FAMIS logo are the fields 'RxBin#', 'RxPCN#', and 'RxGroup#'. At the bottom left, there are three boxes for 'PCP \$2', 'SPC \$2', and 'RXS \$2 to \$4'. At the bottom center is the date 'MC/09/05'. At the bottom right is the 'EXPRESS SCRIPTS' logo (a blue 'E' in a circle).

**VAPremier**  
Health Plan, Inc.  
Virginia Premier Health Plan, Inc.

PCP Name  
PCP Address  
PCP Ph#

Name: Member Name  
DOB: Date of Birth Sex  
ID#: Member ID#  
Effective: Effective Date

RxBin#: 003858  
RxPCN#: A4  
RxGroup#: V7HA

PCP \$2 SPC \$2 RXS \$2 to \$4

MC/09/05

**EXPRESS SCRIPTS**

### BACK

#### Members:

1. If medical assistance is needed when your doctor's office is closed, please call:  
**VPHP Nurseline 1-800-256-1982**
2. Do not let anyone else use this card. Call VA Premier to report a lost or stolen card. **If you lose your eligibility for health benefits, this card is no longer valid.**
3. If you have questions, call the Member Services Department, Monday - Friday, 8:00a.m. - 5:00p.m. **Richmond:(804-819-5151)** or (1-800-289-4970)  
**Tidewater (757-461-0064)** or (1-800-828-7953) **Roanoke (540-344-8838)** or (1-888-338-4579).
4. **If you have questions about your prescriptions or pharmacies, please call Express Scripts at 1-866-312-9065.**

Providers: For Authorizations, please contact our UM Department  
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#### HMO Claims Address:

Virginia Premier Health Plan Inc. P.O. Box 5207 • Richmond, VA 23220-0208

# VAPREMIER ID CARD

## \$5 Co-pay

### FRONT



**VA Premier**  
Health Plan, Inc.  
Virginia Premier Health Plan, Inc.

PCP Name  
PCP Address  
PCP Ph#

Name: Member Name  
DOB: Date of Birth Sex  
ID#: Member ID#  
Effective: Effective Date

RxBin#: 003858  
RxPCN#: A4  
RxGroup#: V7HA

PCP \$5 SPC \$5 RXS \$5 to \$10

FAMIS MC/09/05

**FAMIS**

**EXPRESS SCRIPTS**

### BACK

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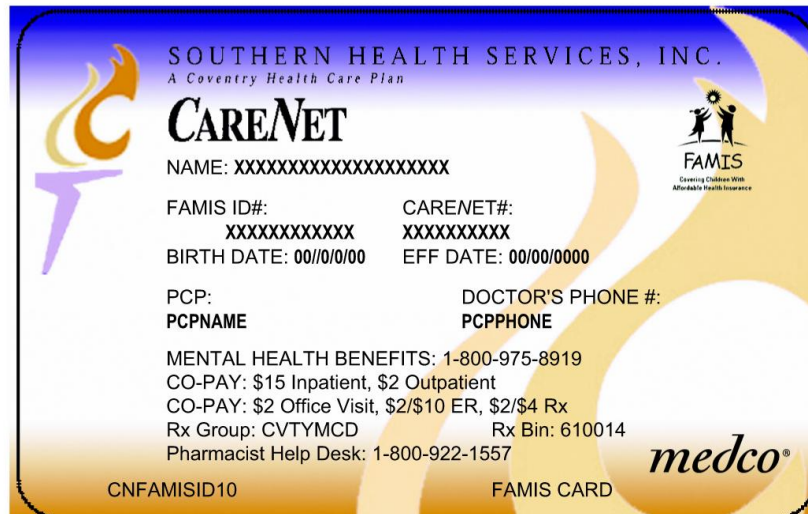
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Virginia Premier Health Plan Inc. P.O. Box 5207 • Richmond, VA 23220-0208

# CareNet ID CARD FAMIS

## \$2 Co-pay

### FRONT



### BACK

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Smiles for Children's Program: 1-888-912-3456  
24 Hour-Nurse Access Line: 1-877-878-8940

#### NOTICE TO PROVIDERS:

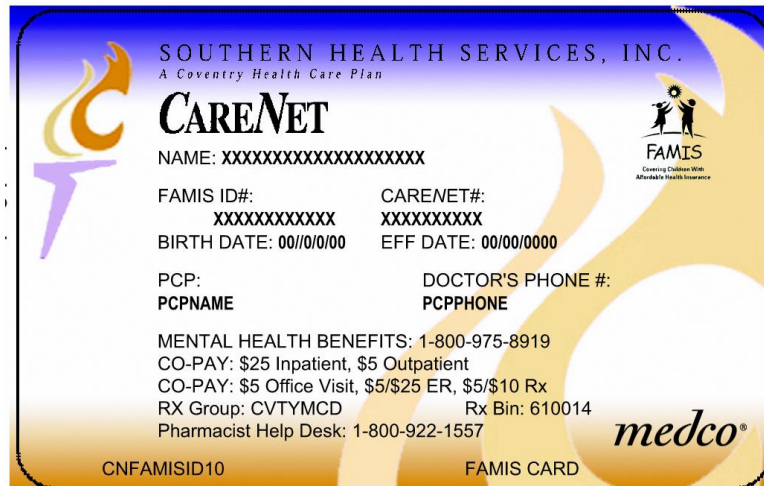
Radiology Preauthorization: 1-866-642-9704  
Preauthorization for all other services: 1-800-235-2206  
Call Customer Service with eligibility questions: 1-800-449-1944  
Submit claims, resubmissions and proof of timely filing to:  
CareNet, P.O. Box 7702, London, KY 40742  
Payor ID: 25142

Submit appeals to CareNet: 9881 Mayland Drive, Richmond, VA 23233

# CareNet ID CARD FAMIS

## \$5 Co-pay

### FRONT



### BACK

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Submit appeals to CareNet: 9881 Mayland Drive, Richmond, VA 23233

# AMERIGROUP ID CARD

## \$5 Co-pay

### FRONT




www.myamerigroup.com

Effective Date:  
Date of Birth:  
Subscriber #:

**AMERIGROUP VIRGINIA, INC.**  
FAMIS PROGRAM

Member Name:  
FAMIS Number:  
Primary Care Provider (PCP):  
PCP Telephone #:  
Vision: **1-800-428-8789**  
Dental Coverage: **Smiles For Children - 1-888-912-3456**  
Copays: Inpatient Hospital: **\$25**      Emergency Room Visits: **\$5**  
Outpatient Hospital or Doctor: **\$5**      Vision: **\$5** (routine exam)  
Pharmacy: **\$5** (up to 34-day supply)      **\$10** (35 to 90-day supply)  
Member Services/Nurse HelpLine and Behavioral Health: **1-800-600-4441**



### BACK

**MEMBERS:** Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your PCP for non-emergency care. If you have questions or suspect fraud or abuse, call Member Services at 1-800-600-4441. If you are deaf or hard of hearing, please call 1-800-855-2880.

**HOSPITALS:** Preadmission certification is required for all non-emergency admissions including outpatient surgery. For emergency admissions, notify AMERIGROUP within 24 hours after treatment at 1-800-454-3730.

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**PHARMACIES:** Submit claims using Caremark RXBIN: 610415 and RXGRP: F822VAMD. For technical help, call Caremark at 1-800-345-5413.


**SUBMIT CLAIMS TO:**  
AMERIGROUP • P.O. BOX 61010 • VIRGINIA BEACH, VA 23466-1010  
**USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.**  
**EL USO DE ESTA TARJETA POR CUALQUIER PERSONA QUE NO SEA EL MIEMBRO CONSTITUYE FRAUDE.**

VA04 07/09

# AMERIGROUP ID CARD

## \$2 Co-pay

### FRONT




Effective Date:  
Date of Birth:  
Subscriber #:

www.myamerigroup.com

**AMERIGROUP VIRGINIA, INC.**  
FAMIS PROGRAM

Member Name:  
FAMIS Number:  
Primary Care Provider (PCP):  
PCP Telephone #:  
Vision: **1-800-428-8789**  
Dental Coverage: **Smiles For Children - 1-888-912-3456**  
Copays: Inpatient Hospital: \$15      Emergency Room Visits: \$2  
          Outpatient Hospital or Doctor: \$2      Vision: \$2 (routine exam)  
          Pharmacy: \$2 (up to 34-day supply)      \$4 (35 to 90-day supply)  
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AMERIGROUP • P.O. BOX 61010 • VIRGINIA BEACH, VA 23466-1010  
**USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.**  
**EL USO DE ESTA TARJETA POR CUALQUIER PERSONA QUE NO SEA EL MIEMBRO CONSTITUYE FRAUDE.**


VA03 07/09




# ANTHEM HEALTHKEEPERS PLUS ID CARD

## \$2 Co-pay

### FRONT




**Anthem. HealthKeepers Plus**  
Offered by HealthKeepers, Inc.



<b>David Smith</b> Identification Number <b>YTD123456780</b>	PCP Name <b>Jane Smith</b> PCP Phone <b>999-999-9999</b> Medicaid ID <b>987654321</b>
Group Number <b>HKP00200</b> BC/BS Plan <b>423/923</b> Rx Bin Number <b>610575</b>	PCP/Specialist <b>\$2/\$2</b> Outpatient <b>\$2</b> Inpatient <b>\$15</b> Emergency <b>\$2</b> Rx <b>\$2/\$4</b>

Rx

### BACK



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Offered by HealthKeepers, Inc.

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**anthem.com**  
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Provider Services: **1-800-901-0020**  
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24/7 Nurse Line: **1-800-382-9625**  
Mental Health Services: **1-800-991-6045**  
Rx Services: **1-800-662-0210**  
Authorization: **1-800-533-1120**  
Doral Dental\* **1-888-912-3456**  
\* Not a Blue Cross Blue Shield Product



**HealthKeepers, Inc.**  
277 Bendix Road, Suite 100  
Virginia Beach, VA 23452-1361

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# ANTHEM HEALTHKEEPERS PLUS ID CARD

## \$5 Co-pay

### FRONT

	<b>Anthem HealthKeepers Plus</b> Offered by HealthKeepers, Inc.		
<hr/>			
<b>David Smith</b>	PCP Name	<b>Jane Smith</b>	
Identification Number	PCP Phone	<b>999-999-9999</b>	
<b>YTD123456780</b>	Medicaid ID	<b>987654321</b>	
<hr/>			
Group Number	<b>HKP00200</b>	PCP/Specialist	<b>\$5/\$5</b>
BC/BS Plan	<b>423/923</b>	Outpatient	<b>\$5</b>
Rx Bin Number	<b>610575</b>	Inpatient	<b>\$25</b>
		Emergency	<b>\$5</b>
		Rx	<b>\$5/\$10</b>
<hr/>			
			Rx

### BACK

	<b>Anthem HealthKeepers Plus</b> Offered by HealthKeepers, Inc.	<b>anthem.com</b>
<hr/>		Member Services: <b>1-800-901-0020</b>
<b>Members:</b> When submitting inquiries always include your identification number from the face of this card. Possession or use of this card does not guarantee payment. In an emergency, go to the nearest facility or call 911.		Provider Services: <b>1-800-901-0020</b>
<hr/>		TDD (Hearing Impaired): <b>1-800-247-9843</b>
<b>Providers:</b> Please submit claims to your local BCBS plan. To ensure prompt claims processing please include the 3-digit alpha prefix that precedes the patient's identification number listed on the front of this card.		24/7 Nurse Line: <b>1-800-382-9625</b>
<hr/>		Mental Health Services: <b>1-800-991-6045</b>
Claims Filing Address:		Rx Services: <b>1-800-662-0210</b>
Post Office Box 27401		Authorization: <b>1-800-533-1120</b>
Richmond, Virginia 23279		Dental Dental*: <b>1-888-912-3456</b>
<hr/>		* Not a Blue Cross Blue Shield Product
		<b>HealthKeepers, Inc.</b>
		277 Bendix Road, Suite 100
		Virginia Beach, VA 23452-1361
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